

<b>MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET</b> <small>(FOR USE WITH FORM PTO-878)</small>							SERIAL NO. <b>09/496391</b>	FILING DATE <b>2/4/0</b>					
							APPLICANT(S)						
<b>1/22</b> CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.	92							TOTAL IND.					
TOTAL DEP.	10							TOTAL DEP.					
TOTAL CLAIMS	102							TOTAL CLAIMS					

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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FORM PTO-1350 (REV. 3-78)

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